

401

FILL OUT ALL BLANKS.

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH			ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS			State Index No. 397	
ORIGINAL CERTIFICATE OF DEATH			County Registered No. 67	
Local Registrar's No. 67				
No. (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)				
FULL NAME <u>Betty Muller</u>				
PERSONAL AND STATISTICAL PARTICULARS				
SEX <u>Female</u>	Color or Race <u>White</u>	SINGLE <u>Married</u>	DATE OF DEATH <u>Nov-17-1918</u>	
	<u>Black</u> <u>Chinese</u> <u>Mexican</u>	<u>WIDOWED</u> <u>or DIVORCED</u>	(Month) (Day) (Year)	
DATE OF BIRTH <u>Aug-14-1900</u>				
(Month) (Day) (Year)				
AGE <u>18</u> yrs. <u>0</u> mos. <u>0</u> days		If less than 1 day		
hrs. or min.				
OCCUPATION				
(a) Trade, profession or particular kind of work <u>Teacher</u>				
(b) General nature of industry, business, or establishment in which employed or (employer)				
BIRTHPLACE (State or country) <u>Arizona</u>				
NAME OF FATHER <u>Henry Muller</u>				
BIRTHPLACE OF FATHER (State or country) <u>Ark</u>				
MAIDEN NAME OF MOTHER <u>Mary Golding</u>				
BIRTHPLACE OF MOTHER (State or country) <u>Ark</u>				
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE				
(Informant) <u>Henry Muller</u>				
(Address) <u>Aspen</u>				
PLACE OF BURIAL OR REMOVAL		DATE OF BURIAL OR REMOVAL		
		191		
UNDERTAKER		ADDRESS		
MEDICAL CERTIFICATE OF DEATH				
I hereby certify, that I attended deceased from <u>11/12</u> 191 <u>8</u> to <u>11/17</u> 191 <u>8</u> ; that I last saw <u>her</u> alive on <u>11/17</u> 191 <u>8</u> , and that death occurred on the date stated above at <u>109</u> M. The DISEASE or INJURY causing death was as follows: <u>Pneumonia</u>				
(Duration) yrs. mos. days				
Was disease contracted in Arizona? <u>Yes</u>				
If not, where?				
CONTRIBUTORY <u>Asphyxia</u>				
(Duration) yrs. mos. days				
(Signed) <u>J. M. Keller</u>				
12/12 1918 (Address) <u>Aspen</u>				
*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.				
LENGTH OF RESIDENCE				
At place of death yrs. mos. ds. In Arizona yrs. mos. ds.				
Former or Usual Residence				
Filed <u>12/10-18</u> <u>W. H. Thorpe</u>				
191				
Local Registrar				
County Registrar				